



STATE OF TENNESSEE
TENNESSEE STATE VETERANS' HOMES BOARD

**REQUEST FOR QUALIFICATIONS # 32399-02001
AMENDMENT # 2
FOR MEDICAL DIRECTOR OF THE TENNESSEE
STATE VETERANS HOME LOCATED IN CLEVELAND,
TENNESSEE**

DATE: 1/28/2022

RFQ # 32399-02001 IS AMENDED AS FOLLOWS:

1. This RFQ Schedule of Events updates and confirms scheduled RFQ dates. Any event, time, or date containing revised or new text is highlighted.

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFQ Issued		January 4, 2022
2.	Disability Accommodation Request Deadline	2:00 p.m.	January 7, 2022
3.	Notice of Intent to Respond Deadline	2:00 p.m.	January 12, 2022
4.	Written "Questions & Comments" Deadline	2:00 p.m.	January 21, 2022
5.	State response to written "Questions & Comments"		January 28, 2022
6.	RFQ Technical Response Deadline	2:00 p.m.	February 21, 2022
7.	RFQ Negotiations		March 4, 2022
8.	State Notice of Intent to Award Released and RFQ Files Opened for Public Inspection		March 10, 2022
9.	End of Open File Period		March 17, 2022
10.	State sends contract to Contractor for signature		March 21, 2022
11.	Contractor Signature Deadline	2:00 p.m.	April 7, 2022

2. State responses to questions and comments in the table below amend and clarify this RFQ.

Any restatement of RFQ text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFQ document.

RFQ SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
Att. F, Pro Forma, General Question		1 When is the expected start date for accepting patients at the facility?	Uncertain at this time due to construction uncertainty. Anticipate first resident in May/June. Medical Director should begin administrative duties by May 2, 2022.
		2 What is the expected ramp up period for	Ramp up will be structured in 18 resident increments. It will be

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Att. F, Pro Forma, General Question		increasing the census of the facility?	dependent upon referral dynamics and labor pool availability.
Att. F, Pro Forma, General Question		3 Is there a timeline for the volume of patients accepted per month from the start date?	Projected is in groups of 18, however, this is fluid due to multiple factors such as CMS certification and VA recognition.
Att. F, Pro Forma, General Question		4. Does the state intend to mandate that the vendor utilize a state supplied EMR/EHR system?	Physician records should utilize PointClickCare or another interoperable system that will populate PointClickCare..
Att. F, Pro Forma, General Question		5. If the state does provide a state supplied EMR/EHR system, how will the vendor submit the required HCFA1500 forms for claims reimbursement?	Submitted to facility patient accounts representative (PAR) for approval. PAR submits to TSVHB accounts payables for payment.
Att. F, Pro Forma, General Question		6. If the state does not supply an EMR/EHR system, will the state mandate that the provider must connect the vendor EMR/EHR system to a state supported record keeping system?	PointClickCare will be accessible to the Medical Director.
Att. F, Pro Forma, General Question		7. If the state does mandate that a vendor must connect their vendor EMR/EHR system to a state supported record keeping system, will the state bear the cost of making such connections to the state supported system or will the state mandate that the vendor bear the cost of completing the connection?	Unknown at this time, however, PointClickCare access is given; therefore, if the vendor wishes to use an interoperable outside program they would bear the burden of any bridging costs.
Att. F, Pro Forma, Section C.3.d.3		8. The industry standard for claims filing includes submission of HCFA 1500 forms. The HCFA is an individual invoice. Within reason, will the state process	Yes, if all supporting documentation is provided in a timely manner with the HCRA 1500 form

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		HCFA 1500 claims forms (i.e. invoices) in a timely manner as received and reimburse these invoices no less than monthly in frequency? If no, what time frame will claim invoices be reimbursed?	
Att. F, Pro Forma, A.3.d.		9. For patients that do not have an identified payor source, i.e. Medicare part B, TN care, private insurance or VA 70% or more, how will the provider be reimbursed for individual visits? If the uninsured (other than Medicare part B) patient is covered by the Medical Director Contract reimbursement, will the state “cap” the number of uninsured patients at a percentage of the facility capacity. For example, if the facility capacity is one hundred (100) patients, will the state “cap” the number of uninsured patients at ten (10)?	Residents without a applicable 3rd party payor are considered private (self) pay. TSVH does not cap resident census by payor type.

3. **RFQ Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFQ not expressly amended herein shall remain in full force and effect.